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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/594,700		Filing Date 28 September, 2006		<input type="checkbox"/> To be Mailed					
				Applicant(s) KURIYAMA, CHOJIRO						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED 09/28/2006		AFTER FIRST AMENDMENT 02/13/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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3		1	---	---			53						
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5		1		1			55						
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50							100						
Total Indep	3		5				Total Indep						
Total Depend		22		15			Total Depend						
Total Claims		25		20			Total Claims						

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